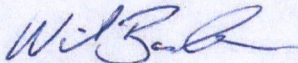


There are several documents (see enclosed list) that you must have available at the facility at the time of the inspection. Please provide printed copies for review. If you have had work completed since this date, then please provide it and the previous set of records. Your compliance status will be evaluated as of the date of this letter.

If you have any questions pertaining to this inspection, I can be reached by telephone at the office at (509) 865-5121 ext. 6079 or by cell at (509) 985-5408, or by email at [wil\\_badonie@yakama.com](mailto:wil_badonie@yakama.com). Thank you for your cooperation with this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Wil Badonie", is written above the printed name.

Wil Badonie  
UST Tribal Inspector  
UST / LUST Program



4/9/2019 Rev.

**EPA REGION 10  
UNDERGROUND STORAGE TANK  
TRIBAL INSPECTION FORM**

Photos? ☒ Y ☐ NPublications Given? ☒ Y ☐ NFacility# 4260037Inspection Date 05/28/2019Time 10:00AM to 10:47AMGPS Reading N 46° 24' 13.77481"  
W 120° 32' 39.61278"Lead Inspector Will Badoniz

Other Tribal Government Reps \_\_\_\_\_

Facility Reps Ryan Myers and Larry Myers

(\* Credentials Presented)

**LOCATION**Facility Name: Harold's MarketStreet Address: 4080 Harrah RdCity: HarrahState: WAZip: 98923

Phone No.: \_\_\_\_\_

Allotment/Parcel No.: 1811341145

Point of Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**PROPERTY OWNER**☐ Same as locationName: Larry Myers / Multiple ownersStreet Address: 4080 Harrah RdCity: HarrahState: WAZip: 98923

Point of Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**UST OWNER**☒ Same as (circle) location / property owner

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**UST OPERATOR**☐ Same as location / property / UST ownerName: Ryan Myers and Larry Myers

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY (FR)**
☒ Insurance ☐ Self ☐ PSTF ☐ Letter Credit ☐ Standby Trust ☐ Local Gvt Bond Rating Test ☐ Local Govt Financial Test  
☐ State Government Entity ☐ Federal Government Entity
All tanks covered? ☒ Y ☐ NIn EPA format? ☒ Y ☐ NIssuing Entity & No.: Colony Insurance WA629878-14Dates Coverage: 7/20/18 - 7/20/19**OWNER / OPERATOR TRAINING**

Name	Type	Provider	Date
Larry Myers	A/B	UST Training	9/17/18
Ryan Myers	A/B	UST	9/13/18
Sofia Lopez	C		5/20/19

Have all current Class C Operators been trained by a Class A/B Operator? ☒ Y ☐ N ☐ NAAnd documented? ☒ Y ☐ N
Yolanda Coronel  
Chela Villegas  
Jessica Romero
9/20/19  
5/15/19  
9/18/18
Martha Vasquez  
Alma
9/24/18  
5/21/18



UST #	1	2	3	4	5	6
<b>UST INFORMATION</b>						
Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>OU</u> TOU POU <input type="checkbox"/> All or						
If TOU, date last used: <input type="checkbox"/> NA <input type="checkbox"/> All or						
Date tank installed: <input type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or <u>4000</u>						
Substance in Tank: <input type="checkbox"/> All or <u>Regular</u>						
Biofuel (>10% ethanol or <20% biodiesel)? Y <u>N</u> <input type="checkbox"/> All or Name/Type/Brand: _____						
If biofuel, then agency notified within 30 days? Y <u>N</u> NA <input type="checkbox"/> All or						
If biofuel, compatibility records available? Y <u>N</u> NA <input type="checkbox"/> All or						
Tank Material: BS <u>CPS</u> COM FRP <u>DW</u> ExL Lin <input type="checkbox"/> All or						
Verified by: Visual <u>Invoice</u> Warranty Picture <input type="checkbox"/> All or						
Piping Material: GS CPS <u>FRP</u> FlexP DW SecC <input type="checkbox"/> All or						
Verified by: Visual <u>Invoice</u> Warranty Picture <input type="checkbox"/> All or						
Piping Type: Grav Pres <u>SafeSuc</u> U.S.Suc <input type="checkbox"/> All or						
Does product piping include satellite dispenser(s)? Y <u>N</u> NA						
UST system considered to be (circle): <input type="checkbox"/> Petroleum (P) <input type="checkbox"/> Hazardous Substance (HS) <input type="checkbox"/> Field Constructed (FC) <input type="checkbox"/> Airport Hydrant (AH) <input type="checkbox"/> All or						
Emergency Generator? Y <u>N</u> <input type="checkbox"/> All or						
<b>SECONDARY CONTAINMENT</b>						
<b>Turbine Containment Sumps (TCSs)</b> <input type="checkbox"/> NA						
Are there containment sumps for the turbines? Y <u>N</u> NA <input type="checkbox"/> All or						
TCSs double walled? Y <u>N</u> NA <input type="checkbox"/> All or						
<b>Under Dispenser Containment (UDCs)</b> <input type="checkbox"/> NA						
Is there under-dispenser containment? Y <u>N</u> NA <input type="checkbox"/> All or						
UDCs double walled? Y <u>N</u> NA <input type="checkbox"/> All or						
Dispenser install date: <input type="checkbox"/> All or						
<b>Integrity Testing of TCSs and UDCs</b>						
If primary piping RD is interstitial monitoring for any UST system, AND for ALL installations on or after 4/11/2016:						
Date of LAST integrity test: _____ <input type="checkbox"/> All or						
Tested: <input type="checkbox"/> Annular Space <input type="checkbox"/> Sump						
Service Provider: _____ Passed? Y N						
Date of PREVIOUS integrity test: _____ <input type="checkbox"/> All or						
Tested: <input type="checkbox"/> Annular Space <input type="checkbox"/> Sump						
Service Provider: _____ Passed? Y N						
Any repairs to the TCSs or UDCs? Y N NA <input type="checkbox"/> All or						
Inspected or tightness tested within 30 days? Y N NA <input type="checkbox"/> All or						



UST #

1

2

3

4

5

6

**RELEASE DETECTION - TANKS**☒ RD method present for ALL tanks & meets performance standards?☐ NA☐ Manual Tank Gauging (only if installed before 4/11/16 & less than 2,000 gallons in capacity) ☐ All or☐ Tank Tightness Testing Date? \_\_\_\_\_ Passed? Y N ☐ All or☐ Inventory Control ☐ All or☐ Vapor Monitoring Site Assessment? Y N ☐ All or☐ Groundwater Monitoring Site Assessment? Y N ☐ All or☒ Automatic Tank Gauge (ATG) ☒ All or

Primary

☒ Interstitial Monitoring (IM) ☒ All or

Secondary

☐ Statistical Inventory Reconciliation (SIR) ☐ All orIf TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: \_\_\_\_\_ Water: \_\_\_\_\_

Hazardous subst. USTs secondarily contained? Y N NA ☐ All or**RELEASE DETECTION - PIPING**☐ RD method present for ALL piping & meets performance standards?☒ NA☐ ALLD (Pressurized Systems Only) ☐ NA (Grav/Suct) ☐ All orDate of test: \_\_\_\_\_ ☐ ELLD or ☐ MLLD

Safe Section

Are previous tests available for the last 3 years? Y N

Previous Dates: \_\_\_\_\_ and \_\_\_\_\_

Was current product piping installed after 4/11/2016? Y N ☐ All or☐ LTT Date of test: \_\_\_\_\_ Passed? Y N ☐ All or

Safe Section

☐ Monthly Method: VM GWM IM SIR Sump Sensor ELLD  
(Required for piping installed after 4/11/2016) ☐ All or**RELEASE DETECTION RECORD SUMMARY**

For the last 12 months, RD records available, list how many were passing (P), invalid (I), failing (F) and/or missing (M) for:

☒ Tanks ☒ All or☐ Piping NA ☐ All or☐ Secondary Containment NA ☐ All or☐ Spill Prevention Equipment NA ☐ All or

12P

For any non-passing results, was it investigated? Y N NA ☐ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA ☐ All or**RELEASE DETECTION EQUIPMENT / PROVIDER**ATG/IM/SIR Equipment Manufacturer/Vendor: Vander Put Model: TLS 300CIf using an interstitial monitor or automatic tank gauge, has it undergone a monitor certification? ☒ Y ☐ N ☐ NADate of last test: 5/02/18 Service Provider: NW TankAre previous tests available for the last 3 years? Y N Date: 5/08/17 Date: \_\_\_\_\_

If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

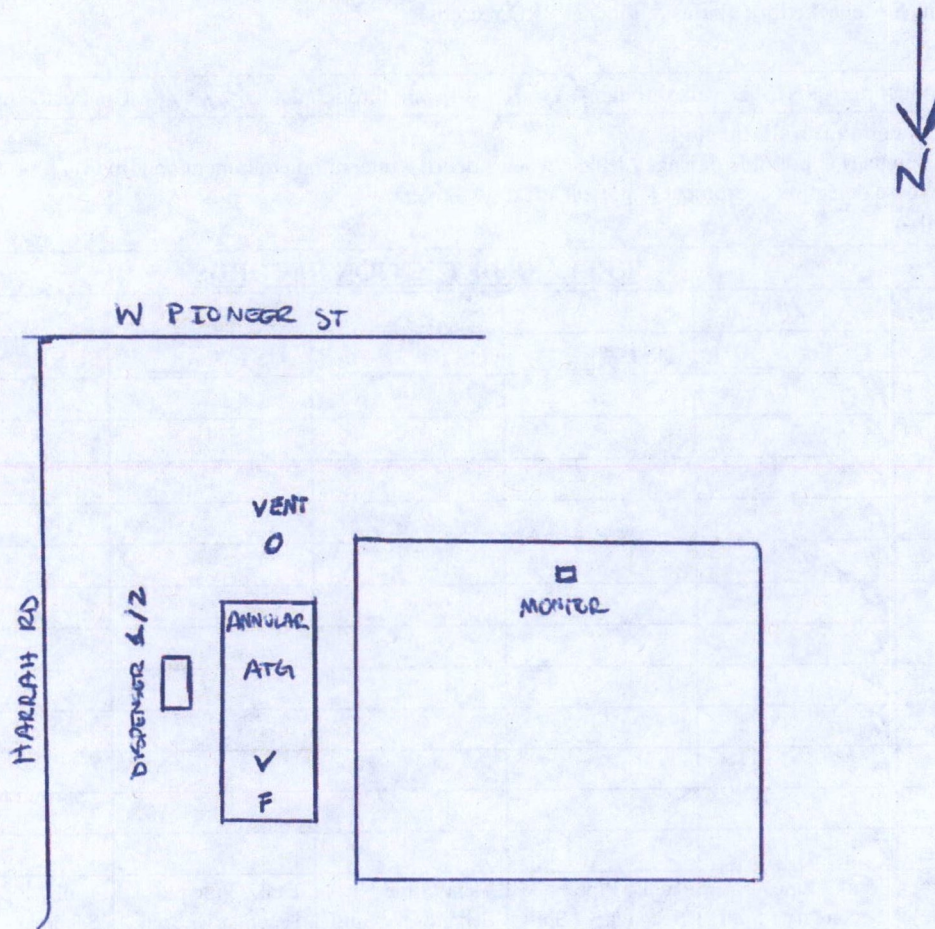
For? ATG SIR IM Sensors ALLD Other \_\_\_\_\_ RD equip. being operated within evaluation parameters? Y N



UST #	1	2	3	4	5	6
<b>RELEASE PREVENTION - REPAIRS &amp; TANK LINING</b>						
Have repairs been conducted or completed on the UST system(s)? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All or						
Tightness tested within 30 days? Y N OR repaired tank internally inspected? Y N OR was monthly monitoring in use? Y N						
Has product piping been repaired? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> All or						
If so, how much was repaired? _____						
If greater than 50%, was it replaced with secondary contained piping? Y N NA						
Are any of the tanks lined? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> All or						
If so, lining inspected? Y N No longer using for RP NA						
Lining Date: _____ Last internal inspection: _____						
<b>RELEASE PREVENTION - CATHODIC PROTECTION (CP)</b>						
Are there unprotected metal components in contact with the ground at the dispensers or in the turbines? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> All or						
Cathodic protection system installed on:						
<input type="checkbox"/> Tanks & Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> NA <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> All or						
<input type="checkbox"/> Rectifier Make & Model: _____ <input type="checkbox"/> All or						
Last 3 (60-day) rectifier inspection records? Y N NA System On? Y N Observed amperage of _____ amps						
Date of LAST CP test: <u>5/10/16</u> <input type="checkbox"/> All or						
Service Provider: _____						
Passed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Covers: <input type="checkbox"/> Tanks & Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping						
Date of PREVIOUS CP test: <u>4/10/13</u> <input type="checkbox"/> All or						
Service Provider: _____						
Passed? Y N Covers: <input type="checkbox"/> Tanks & Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
Any repairs to the CP system being conducted or completed? Y N NA If repaired, was the CP system re-tested? Y N NA						
<b>RELEASE PREVENTION - SPILL PREVENTION (SP) &amp; OVERFILL PROTECTION (OP)</b>						
<input checked="" type="checkbox"/> Spill prevention present, empty & functional? Y N <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Tightness Test <input type="checkbox"/> Monthly Monitoring <input type="checkbox"/> All or						
Date of LAST tightness testing: <u>5/07/18</u> <input checked="" type="checkbox"/> All or						
Service Provider: <u>NW TANK</u> Passed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Date of PREVIOUS test: _____ <input type="checkbox"/> All or						
Service Provider: _____ Passed? Y N						
If repaired or newly installed, tested w/i 30 days? Y N NA <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input type="checkbox"/> Ball-Float Valve - Installed? <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Flow Restrictor (Auto Shutoff) - Installed? <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm <input type="checkbox"/> All or						
Operational and audible for delivery driver? Y N						
Set up to sound at 90% or less and connected to relay? Y N						
OP device inspection date: <u>5/07/18</u> <input checked="" type="checkbox"/> All or						
Service Provider: <u>NW TANK</u> Passed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						



SITE SKETCH / NOTES





### FACILITY WALK THROUGHS

Is the facility conducting MONTHLY walk throughs? Y N Last 12 months of records? Y N Remote site: Y N

Components of the monthly walk through: (Note: If remote site, then spill prevention check must be before each delivery and onsite RD equipment must be determined to be in communication with remote monitoring equipment.)

- ☒ SP equipment (i.e. checked for damage/debris/water/obstructions/interstitial spill equipment condition)  
☒ RD equipment (i.e. checked for alarms & glitches / RD records)

☐ Other (describe):

Is the facility conducting ANNUAL walk throughs? Y N Last walk through date: 10/03/18 Conducted by: Ryan Rogers

Components of the annual walk through:

- ☒ Containment sumps (i.e. possible damage / leaks / water / debris / interstitial equipment condition)  
☐ Hand-held release detection equipment (e.g. tank stick, gw bailers)

☐ Other (describe):

### RELEASE DETECTION RECORDS

Tank Monitor #*:							
Year	Month	UST #	UST #	UST #	UST #	UST #	UST #
<u>2017</u>	January	<u>P</u>					
<u>1</u>	February	<u>P</u>					
<u>1</u>	March	<u>P</u>					
<u>1</u>	April	<u>P</u>					
<u>2017</u>	May	<u>P</u>					
<u>2018</u>	June	<u>P</u>					
	July	<u>P</u>					
<u>1</u>	August	<u>P</u>					
<u>1</u>	September	<u>P</u>					
<u>1</u>	October	<u>P</u>					
<u>1</u>	November	<u>P</u>					
<u>2018</u>	December	<u>P</u>					
Components: (circle)		Tank / Pipe / Secondary / Spill	Tank / Pipe / Secondary / Spill	Tank / Pipe / Secondary / Spill	Tank / Pipe / Secondary / Spill	Tank / Pipe / Secondary / Spill	Tank / Pipe / Secondary / Spill

\* For Tank Monitor #, note the # assigned for the tank, line or sensor in the tank monitor setup P = Pass F = Fail M = Missing I = Invalid

Type of Records Reviewed: \_\_\_\_\_

Other Notes: Monthly release detection records for Tank 1 were  
attached to monthly walk through forms

Were any areas of concern identified? Yes, UST Inspection Notice No. \_\_\_\_\_ or No (circle)

Inspector's Signature: [Signature] Date: 5/28/2019



5/28/2019

Harddis Market

Facility ID No. 4260037

Tank release detection records were attached with monthly walkthrough inspection records.

Ryan and Larry Myers are primarily using the 0.2 gph tank test for monthly monitoring for tank release detection. They are also saving the liquid status reports for tanks interstitial space.

Last Cathodic protection test evaluation was on May 10, 2016. Ryan Myers provided a work order for Northwest Tank to perform CP Test scheduled for May 29, 2019. I let Ryan and Larry know to submit CP results as soon as possible when completed, so I can include in inspection notes.

June 3, 2019, Ryan and Larry Myers emailed me the CP test results performed by NW Tank. CP test / evaluation was conducted on May 29, 2019, as well as the Tank Monitor Certification and ATG probe inspection. The CP test results were -882 Remote Voltage (om) at 4 Locations.



5/23/2019

## Photo Log

1. Tank Monitor
2. Dispenser 1/2
3. VDC
4. VDC
5. Shear valve
6. Spill bucket (unleaded)
7. Vent



Harold's Market  
EPA Facility ID No. 4260037  
Inspection Date: May 28, 2019







